# Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 1 of 69

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this is an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

t 1: Identify Yourself						
	About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):			
Your full name						
Write the name that is on	James		Stephanie			
your government-issued picture identification (for example, your driver's	First name		First name			
license or passport).	Middle name		Middle name			
Bring your picture	Tate		Caldwell			
meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)			
All other names you have used in the last 8 years						
Include your married or maiden names.						
Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9055		xxx-xx-1704			
	Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  About Debtor 1:  James  First name  Middle name  Tate  Last name and Suffix (Sr., Jr., II, III)  xxx-xx-9055	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Tate Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  About Debtor 1:  James First name  Middle name  Tate Last name and Suffix (Sr., Jr., II, III)			

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 2 of 69

Debtor 1 James Tate
Debtor 2 Stephanie Caldwell

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	■ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	3954 Bradwood Dr.	If Debtor 2 lives at a different address:			
		Dayton, OH 45405 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Montgomery				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	<ul> <li>Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> </ul>			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 3 of 69

Deb	otor 2 Stephanie Caldwe	II			Case number (if known)		
Par	t 2: Tell the Court About Y	our Bankruptcy C	ase				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	☐ Chapter 7					
		☐ Chapter 11					
		☐ Chapter 12					
		Chapter 13					
8.	How you will pay the fee	about how you order. If you a pre-printed	ou may pay. Typically, if attorney is submitting you address.	you are paying the fee pour payment on your be	eck with the clerk's office in your local court for more detail yourself, you may pay with cash, cashier's check, or mone shalf, your attorney may pay with a credit card or check wit tion, sign and attach the Application for Individuals to Pay	y h	
		The Filing Fe	ee in Installments (Officia	l Form 103A).	tion, sign and attach the Application for marviagas to ray		
		but is not rec applies to yo	quired to, waive your fee, our family size and you ar	and may do so only if ye unable to pay the fee	ion only if you are filing for Chapter 7. By law, a judge may your income is less than 150% of the official poverty line the in installments). If you choose this option, you must fill ou ficial Form 103B) and file it with your petition.	nat	
9.	Have you filed for	■ No.					
	bankruptcy within the						
	last 8 years?	☐ Yes.		144			
		District			Case number		
		District		When	Case number		
		District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
		Debtor			Relationship to you		
		District		When	Case number, if known		
		Debtor			Relationship to you		
		District		When	Case number, if known		
11.		■ No. Go to	line 12.				
	residence?		our landlord obtained an	eviction judament again	nst you?		
		l res.	No. Go to line 12.	,	•		
				ement About an Eviction	n Judgment Against You (Form 101A) and file it as part of		
		П	this bankruptcy petition		Today, nonchydainst Tod (Form Toth) and me it as part of		

Debtor 1 James Tate

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 4 of 69

	otor 1 James Tate otor 2 Stephanie Caldwe	ell .	Case number (if known)				
Par	Report About Any Bu	sinesses	You Own as a Sole Proprietor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Yes. Name and location of business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State & ZIP Code				
	it to this petition.		Check the appropriate box to describe your business:				
			☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))				
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
			☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))				
			Commodity Broker (as defined in 11 U.S.C. § 101(6))				
			☐ None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of se, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure s.C. 1116(1)(B).				
	For a definition of small	No.	I am not filing under Chapter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Par	t 4: Report if You Own or	Have Any	Hazardous Property or Any Property That Needs Immediate Attention				
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat	☐ Yes.					
	of imminent and identifiable hazard to public health or safety?	<b>—</b> 100.	What is the hazard?				
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?  Number, Street, City, State & Zip Code				

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 5 of 69

Debtor 1	James Tate		
Debtor 2	Stephanie Caldwell	Case number (if known)	
		·	

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ] Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 6 of 69

	tor 1 James Tate tor 2 Stephanie Caldwe	H		Case nun	nber (if known)				
Par	6: Answer These Questi	ons for R	eporting Purposes						
16.	What kind of debts do you have?	16a.	Are your debts primarily consuindividual primarily for a personal		defined in 11 U.S.C. § 101(8) as "incurred by an				
			☐ No. Go to line 16b.						
			Yes. Go to line 17.						
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you owe t	hat are not consumer debts or busing	ness debts				
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. G	Go to line 18.					
	Do you estimate that after any exempt property is excluded and	☐ Yes.		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses		□ No						
	are paid that funds will be available for distribution to unsecured creditors?		Yes						
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000	<b>2</b> 5,001-50,000				
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	50,001-100,000				
		☐ 100-1 ☐ 200-9		□ 10,001-25,000	☐ More than100,000				
19.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?	\$50,001 - \$100,000		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
		■ \$100,001 - \$500,000 □ \$500,001 - \$1 million		☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion				
20.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion				
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
Par	7: Sign Below								
For	you	I have ex	camined this petition, and I declare	under penalty of perjury that the inf	formation provided is true and correct.				
					ole, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.				
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).									
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.								
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, and 3571.							
		/s/ James		/s/ Stephanie Stephanie Ca					
			e of Debtor 1	Signature of De					
		Executed	October 21, 2019  MM / DD / YYYY		October 21, 2019 MM / DD / YYYY				

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 7 of 69

			Documen	t Page 7 of 6	9	
Debtor 1 Debtor 2	James Tate Stephanie Caldwe	II			Ca	se number (if known)
•	attorney, if you are ted by one	under Chapt	ter 7, 11, 12, or 13 of title 11,	United States Code, an	d have	e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented an attorney, you do not ne to file this page.			se in which § 707(b)(4)(D) ap led with the petition is incorre		no kno	wledge after an inquiry that the information in the
		/s/ Joyce I	M. Deitering		Date	October 21, 2019
		Signature of	Attorney for Debtor			MM / DD / YYYY
		Jovce M. I	Deitering 0005776			
		Printed name	<u> </u>			
		Oldham &	Deitering			
		Firm name				
		8801 N. Ma	ain St.			
		Ste. 200				
		Dayton, O	H 45415 City, State & ZIP Code			
		Number, Street,	City, State & ZIP Code			
		Contact phone	(937) 898-7673	Email a	ddress	jdeitering@aol.com
		0005776 C	ЭН			
		Bar number & S	tate			

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main

		Docume	ent Page 8 of 69	
Fill in this inform	mation to identify your	case:		
Debtor 1	James Tate			
	First Name	Middle Name	Last Name	
Debtor 2	Stephanie Caldw	ell		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number _				☐ Check if this is an amended filing
				 g .

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

Par	Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	169,820.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	131,100.60
	1c. Copy line 63, Total of all property on Schedule A/B	\$	300,920.60
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	215,858.00
i.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	24,899.0
	Your total liabilities	\$	240,757.00
<sup>o</sup> ar	t3: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,350.4
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,836.00
aı	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bousehold purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159		

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

### Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 9 of 69

Debtor 1	James Tate	ament rage 5 or 05	
Debtor 2	Stephanie Caldwell	Case number (if known)	
	n the Statement of Your Current Monthly Income: 1-1 Line 11: OR Form 122B Line 11: OR Form 1220	Copy your total current monthly income from Official Form	\$ 10,686.82

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tot	tal claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 10 of 69

				Docu	ment Page 10 of 6	9			
Filli	in this inforn	nation to identify	your case and th	is filing:					
Deb	tor 1	James Tate							
		First Name		Name	Last Name				
	tor 2 use, if filing)	Stephanie C		Name	Last Name				
			the: SOUTHER						
0		aproj e e a. 1 . e .							
Cas	e number _								neck if this is an nended filing
In each think inform Answ	chedule ch category, s it fits best. B mation. If more ver every ques 1: Describe	e as complete and e space is needed, tion.  Each Residence, B have any legal or equal 2.	roperty lescribe items. List a accurate as possible attach a separate shuilding, Land, or Ott	e. If two n neet to thi	only once. If an asset fits in more the narried people are filing together, be some form. On the top of any additional estate You Own or Have an Interest note, building, land, or similar proper	ooth are equal pages, writ	ally responsible for su	the cate	correct
1.1				What i	s the property? Check all that apply				
	3954 Brad	wood Dr.			Single-family home	Do	not deduct secured cla	ims or ex	xemptions. Put
	Street address,	if available, or other des	scription		Duplex or multi-unit building Condominium or cooperative		e amount of any secure reditors Who Have Clair		
	Dayton	ОН	45405-0000	=	Manufactured or mobile home Land		irrent value of the tire property?		nt value of the n you own?
	City	State	ZIP Code	Uho h	Investment property Timeshare Other as an interest in the property? Check	(si ck one a l	\$115,260.00 escribe the nature of y uch as fee simple, ten ife estate), if known.		
	Montgom	orv.		_	Debtor 1 only		ee simple		
	County	ai y		■ □ Other	Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and anoth information you wish to add about tty identification number:		Check if this is com (see instructions) ich as local	munity រុ	property

Official Form 106A/B Schedule A/B: Property page 1

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 11 of 69

Debte Debte		lames Tate Stephanie Caldw	ell	Case	e number (if known)		
	lf you o	wn or have mor	e than one, lis	at here:			
1.2	,			What is the property? Check all that apply			
	1440 Ne	ewton Ave.		■ Single-family home	Do not deduct secured cla	aims or exemptions. Put	
	Street addre	ess, if available, or other d	escription	Duplex or multi-unit building	the amount of any secure	d claims on Schedule D:	
				Condominium or cooperative	Creditors Who Have Clair	ns Secured by Property.	
				☐ Manufactured or mobile home	Current value of the	Current value of the	
_	Dayton	ОН	45406-0000	Land	entire property?	portion you own?	
	City	State	ZIP Code	☐ Investment property	\$54,560.00	\$54,560.00	
				☐ Timeshare	Describe the nature of y	our ownership interest	
				Other	(such as fee simple, ten	ancy by the entireties, or	
				Who has an interest in the property? Check one	a life estate), if known. Fee simple		
	Mantaa			Debtor 1 only	ree simple		
_	Montgo	omery		Debtor 2 only			
	County			Debtor 1 and Debtor 2 only	☐ Check if this is con	munity property	
				At least one of the debtors and another	(see instructions)		
				Other information you wish to add about this iten property identification number:	m, such as local		
				Debtors attempted to sell property but	•	-	
				adult child is residing there as tempor	rary shelter due to to	rnado	
ome	one else	drives. If you lease	a vehicle, also re	sterest in any vehicles, whether they are registered port it on Schedule G: Executory Contracts and Undicicles, motorcycles		silloto you own alac	
	No						
•	Yes						
3.1	Make:	Ford		Who has an interest in the property? Check one	Do not deduct secured cl		
	Model:	Mustang		☐ Debtor 1 only	the amount of any secure Creditors Who Have Clair		
	Year:	2017		■ Debtor 2 only		, , ,	
		mate mileage:	8500	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?	
		formation:		☐ At least one of the debtors and another		,	
	Locati	on: 3954 Bradwe	ood Dr.,				
	Dayto	n OH 45405		☐ Check if this is community property (see instructions)	\$16,477.00	\$16,477.00	
3.2	Make:	Buick		Who has an interest in the property? Check one	Do not deduct secured cl		
	Model:	Encore		Debtor 1 only	the amount of any secure Creditors Who Have Clair		
	Year:	2017		Debtor 2 only			
		mate mileage:	23,000	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?	
	• • •	formation:	<u> </u>	☐ At least one of the debtors and another	-	,	
		on: 3954 Bradwe	ood Dr				
	1	n OH 45405		Check if this is community property (see instructions)	\$15,403.00	\$15,403.00	

Official Form 106A/B Schedule A/B: Property page 2

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 12 of 69

James Tate Stephanie Caldwell Case number (if known)

Debt	or 2 <b>S</b>	tephanie Ca	aldwell		Case number	(if known)	
3.3	Make: Model:	Jeep Liberty		Who has an interest in the property? Check one  Debtor 1 only	the amo	unt of any secure	aims or exemptions. Put d claims on Schedule D: ms Secured by Property.
	Year:	2004		☐ Debtor 1 only ☐ Debtor 2 only			, , ,
		nate mileage:	120,000	Debtor 1 and Debtor 2 only		value of the roperty?	Current value of the portion you own?
		formation:		At least one of the debtors and another	5 ¢	. оролу .	portion you out
			adwood Dr.,	A reast one of the deplots and another			
		OH 45405	2011 000 211,	☐ Check if this is community property (see instructions)		\$2,480.00	\$2,480.00
Exa ■	a <i>mples:</i> B No Yes	oats, trailers, i	motors, personal wa	d other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcyc	cle accessories		
				that number here			\$34,360.00
Part 3	B: Descri	be Your Persor	nal and Household Ite	ems			
·		·		terest in any of the following items?		[	Current value of the cortion you own? Do not deduct secured claims or exemptions.
E:	xamples: No	goods and fu Major appliand scribe	es, furniture, linens,	ds and furnishings			
			Location: 3954 I	Bradwood Dr., Dayton OH 45405			\$5,000.00
E)	No	Televisions ar	, ,	eo, stereo, and digital equipment; computers, pri nedia players, games	inters, scanners	; music collectio	ons; electronic devices
			Misc electronics Location: 3954 l	s Bradwood Dr., Dayton OH 45405			\$1,000.00
E	xamples:		figurines; paintings, ns, memorabilia, col	prints, or other artwork; books, pictures, or other llectibles	r art objects; sta	mp, coin, or ba	seball card collections;
_		scribe					
E)	xamples:	for sports an Sports, photog musical instru	graphic, exercise, an	d other hobby equipment; bicycles, pool tables,	, golf clubs, skis;	canoes and ka	yaks; carpentry tools;
		scribe					
	No	: Pistols, rifles	, shotguns, ammunit	tion, and related equipment			

Official Form 106A/B Schedule A/B: Property page 3

Debtor 1

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Page 13 of 69 Document Debtor 1 James Tate Debtor 2 Stephanie Caldwell Case number (if known) Colt 45 \$250.00 Location: 3954 Bradwood Dr., Dayton OH 45405 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... Clothing \$500.00 Location: 3954 Bradwood Dr., Dayton OH 45405 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here .....

\$6,750.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

Cash

\$20.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

□ No

Yes.....

Institution name:

Checking 17.1.

Chase

\$421.00

Savings 17.2.

Chase

\$20.00

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 14 of 69

		Document Page 14 01 09	
Debtor 1 Debtor 2	James Tate Stephanie Caldwell	Case	number (if known)
Exan	ls, mutual funds, or publicly traded stocks nples: Bond funds, investment accounts with		
■ No □ Yes	s Institution or issu	ier name:	
	publicly traded stock and interests in inco	rporated and unincorporated businesses, inc	luding an interest in an LLC, partnership, and
■ No			
☐ Yes	s. Give specific information about them Name of entity:		f ownership:
Nego Non-	otiable instruments include personal checks,	egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money of transfer to someone by signing or delivering them	
■ No □ Yes	s. Give specific information about them Issuer name:		
	ement or pension accounts  mples: Interests in IRA, ERISA, Keogh, 401(k	), 403(b), thrift savings accounts, or other pension	n or profit-sharing plans
■ Yes	s. List each account separately.  Type of account:	Institution name:	
	401(k)	SunChemical	\$13,170.06
	401(k)	Caterpillar	\$76,359.54
Your		e so that you may continue service or use from a ont, public utilities (electric, gas, water), telecommon	
	5	Institution name or individual:	)
23. Annu ■ No		oney to you, either for life or for a number of year	s)
☐ Yes	Issuer name and description	ı.	
	sts in an education IRA, in an account in a S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	a qualified ABLE program, or under a qualified	d state tuition program.
	Institution name and descrip	tion. Separately file the records of any interests.1	11 U.S.C. § 521(c):
■ No		v (other than anything listed in line 1), and righ	nts or powers exercisable for your benefit
☐ Yes	s. Give specific information about them		
-	nts, copyrights, trademarks, trade secrets, mples: Internet domain names, websites, produced in the secrets, produced in the secrets, produced in the secrets, and the secrets in the secret in the secr	, and other intellectual property ceeds from royalties and licensing agreements	
☐ Yes	s. Give specific information about them		
	nses, franchises, and other general intang mples: Building permits, exclusive licenses, co	ibles ooperative association holdings, liquor licenses, p	professional licenses
☐ Yes	s. Give specific information about them		
Money o	r property owed to you?		Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 5

claims or exemptions.

Debtor	Case 3:19-bk-33262  James Tate			Entered 10/21/19 09:: ge 15 of 69	29:26	Desc Main
Debtor				Case number (if I	known)	
■ N	refunds owed to you o es. Give specific information about	them, includ	ling whether you already f	iled the returns and the tax years		
Exa ■ N	nily support amples: Past due or lump sum alim o es. Give specific information	nony, spousa	l support, child support, m	aintenance, divorce settlement, pr	roperty settle	ement
Exa ■ N	er amounts someone owes you amples: Unpaid wages, disability in benefits; unpaid loans you o es. Give specific information			sick pay, vacation pay, workers' o	compensatio	on, Social Security
Exa ■ No	rests in insurance policies amples: Health, disability, or life ins o es. Name the insurance company Compan	of each polic		; credit, homeowner's, or renter's  Beneficiary:	insurance	Surrender or refund value:
If yo son ■ No	interest in property that is due to be a living true one has died.  So dive specific information			nce policy, or are currently entitled	to receive p	property because
Exa No	ms against third parties, whether amples: Accidents, employment discourse.  Describe each claim					
■ N	er contingent and unliquidated of the contingent and unliquidated of the continue of the conti	claims of eve	ery nature, including co	unterclaims of the debtor and rig	ghts to set	off claims
■ N	financial assets you did not alro o es. Give specific information	eady list				
	ld the dollar value of all of your or Part 4. Write that number here.				ed	\$89,990.60
Part 5:	Describe Any Business-Related Pro	perty You Ow	n or Have an Interest In. Lis	st any real estate in Part 1.		
■ No.	ou own or have any legal or equitable Go to Part 6. s. Go to line 38.	e interest in a	ny business-related proper	ty?		

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

No. Go to Part 7.

☐ Yes. Go to line 47.

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 16 of 69

Debto	or 1 James Tate	1 age 10 of	Case number (if known)	
Part 7		Did Not List Above		
<i>E</i>	by you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information			
54. <i>I</i>	Add the dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part 8	List the Totals of Each Part of this Form			
55. <b>I</b>	Part 1: Total real estate, line 2			\$169,820.00
56. <b>I</b>	Part 2: Total vehicles, line 5	\$34,360.00		
57. <b>I</b>	Part 3: Total personal and household items, line 15	\$6,750.00		
58. <b>I</b>	Part 4: Total financial assets, line 36	\$89,990.60		
59. <b>I</b>	Part 5: Total business-related property, line 45	\$0.00		
60. <b>I</b>	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>I</b>	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$131,100.60	Copy personal property total	\$131,100.60
63.	Fotal of all property on Schedule A/B. Add line 55 + line 62			\$300,920.60

Official Form 106A/B Schedule A/B: Property page 7

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Page 17 of 69 Document

Fill in this infor				
Debtor 1	James Tate			
	First Name	Middle Name	Last Name	
Debtor 2	Stephanie Caldw	ell		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF OHIO	
Case number (if known)				☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2. Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify t	he Pro	perty You	Claim a	as Exem	pt
---------	------------	--------	-----------	---------	---------	----

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
3954 Bradwood Dr. Dayton, OH 45405 Montgomery County	\$115,260.00	<b></b>	Ohio Rev. Code Ann. § 2329.66(A)(1)
Line from Schedule A/B: 1.1		■ 100% of fair market value, up to any applicable statutory limit	2329.00(A)(1)
1440 Newton Ave. Dayton, OH 45406	\$54,560.00		Ohio Rev. Code Ann. §
Montgomery County Debtors attempted to sell property Dut were unable; currently debtor's Endult child is residing there as Emporary shelter due to tornado Line from Schedule A/B: 1.2		■ 100% of fair market value, up to any applicable statutory limit	2329.66(A)(18)
2004 Jeep Liberty 120,000 miles	\$2,480.00		Ohio Rev. Code Ann. §
Location: 3954 Bradwood Dr., Dayton OH 45405 Line from Schedule A/B: 3.3		■ 100% of fair market value, up to any applicable statutory limit	2329.66(A)(2)
Household goods and furnishings	\$5,000.00	<b>.</b>	Ohio Rev. Code Ann. §
Location: 3954 Bradwood Dr., Dayton OH 45405 Line from Schedule A/B: 6.1		100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 18 of 69

Debtor 1 James Tate

Debto	or 2 Stephanie Caldwell		Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Ĺ	Misc electronics Location: 3954 Bradwood Dr., Dayton DH 45405 Line from <i>Schedule A/B</i> : 7.1	\$1,000.00	□ 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Ĺ	Colt 45 Location: 3954 Bradwood Dr., Dayton DH 45405 Line from Schedule A/B: 10.1	\$250.00	□ 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
L	Clothing Location: 3954 Bradwood Dr., Dayton DH 45405 Line from <i>Schedule A/B</i> : 11.1	\$500.00	□ 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
-	Cash Line from <i>Schedule A/B</i> : <b>16.1</b>	\$20.00	□ 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
	Checking: Chase ine from <i>Schedule A/B</i> : <b>17.1</b>	\$421.00	□ 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(13)
	Savings: Chase ine from <i>Schedule A/B</i> : <b>17.2</b>	\$20.00	□ 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
	101(k): SunChemical Line from Schedule A/B: 21.1	\$13,170.06	□ 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)
	101(k): Caterpillar .ine from <i>Schedule A/B</i> : 21.2	\$76,359.54	□ 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)
	Are you claiming a homestead exemption of Subject to adjustment on 4/01/22 and every 3  No  Yes. Did you acquire the property covere  No Yes	years after that for ca		•

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main

	0.20 1011 0020	Document Pag	e 19	of 69		
Fill in this inform	nation to identify you	ır case:				
Debtor 1	James Tate					
	First Name	Middle Name Last N	ame			
Debtor 2	Stephanie Cald					
(Spouse if, filing)	First Name	Middle Name Last N	ame			
United States Bar	nkruptcy Court for the	SOUTHERN DISTRICT OF OHIO				
Case number						
(if known)						if this is an
					ameno	led filing
Official Form	106D					
Schedule	D: Creditors	Who Have Claims Sec	ured	by Propert	У	12/15
is needed, copy the		If two married people are filing together, both out, number the entries, and attach it to this				
number (if known).						
	have claims secured by					
☐ No. Check	this box and submit t	his form to the court with your other sched	ules. Yo	u have nothing else t	o report on this form.	
Yes. Fill in	all of the information	below.				
Part 1: List All	Secured Claims					
2. List all secured of	claims. If a creditor has a	more than one secured claim, list the creditor se	parately	Column A	Column B	Column C
for each claim. If mo	ore than one creditor has	a particular claim, list the other creditors in Part		Amount of claim	Value of collateral	Unsecured
much as possible, lis	st the claims in alphabeti	cal order according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Ally Finan	cial	Describe the property that secures the clai	m:	\$23,830.00	\$15,403.00	\$8,427.00
Creditor's Name		2017 Buick Encore 23,000 miles				
		Location: 3954 Bradwood Dr.,				
Attn: Bank	cruptcy Dept	Dayton OH 45405				
Po Box 38		As of the date you file, the claim is: Check al apply.	l that			
Bloomingt	ton, MN 55438	Contingent				
Number, Street,	City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the del	bt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as mortgag	e or secu	ıred		
Debtor 2 only		car loan)				
■ Debtor 1 and De	btor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)			
☐ At least one of th	e debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this cla	aim relates to a	Other (including a right to offset)				
	Opened 09/17 Last					

Last 4 digits of account number

4020

Active

Date debt was incurred 9/27/19

# Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 20 of 69

Debtor 1 James Tate		Case number (if known)					
First Name	Middle Name Last Name						
Debtor 2 Stephanie Caldwo							
First Name	Middle Name Last Name						
2.2 Ih Credit Union	Describe the property that secures the	claim: \$21,245.00	\$16,477.00	\$4,768.00			
Creditor's Name	2017 Ford Mustang 8500 miles Location: 3954 Bradwood Dr., Dayton OH 45405  As of the date you file, the claim is: Che						
5000 Urbana Rd Springfield, OH 45502	apply.	ck all that					
Number, Street, City, State & Zip C	Code Unliquidated						
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.						
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mor car loan)	tgage or secured					
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechan	nic's lien)					
At least one of the debtors and a							
☐ Check if this claim relates to a community debt	a ☐ Other (including a right to offset)						
Opene 02/17 Active 9/03/1	Last e	6573					
2.3 Land Home Fin Srv/de	OVe Describe the property that secures the	claim: \$130,019.00	\$115,260.00	\$14,759.00			
Creditor's Name	3954 Bradwood Dr. Dayton, Ol 45405 Montgomery County	1					
1 Corporate Dr Lake Zurich, IL 60047	As of the date you file, the claim is: Che apply.  Contingent	ck all that					
Number, Street, City, State & Zip C							
Who owes the debt? Check one.	•	Disputed					
Debtor 1 only		Nature of lien. Check all that apply.  ☐ An agreement you made (such as mortgage or secured					
■ Debtor 2 only	car loan)	igage or secured					
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechal	nic's lien)					
☐ At least one of the debtors and a		nic 3 licity					
Check if this claim relates to a community debt	_ ::: 3 :: : : : : : : : : : : : : : : :						
Opene 05/18 Active Date debt was incurred 10/03/	Last e	0291					

# Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 21 of 69

Debtor 1	James Ta	te		Case number (if known)		
	First Name	Middle N	ame Last Name	-		
Debtor 2	Stephanie					
	First Name	Middle N	ame Last Name			
	riner Finan	ce, LLC	Describe the property that secures the claim:	\$1,837.00	\$5,000.00	\$0.00
Att 82	in: Bankrup 11 Town Ce ttingham, N	nter Drive	Household goods and furnishings Location: 3954 Bradwood Dr., Dayton OH 45405  As of the date you file, the claim is: Check all that apply.  Contingent			
Num	ber, Street, City, S	State & Zip Code	☐ Unliquidated			
Who owe	es the debt? (	Check one.	☐ Disputed  Nature of lien. Check all that apply.			
☐ Debtor	1 only		☐ An agreement you made (such as mortgage or	secured		
Debtor	2 only		car loan)			
☐ Debtor	r 1 and Debtor 2	2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At leas	st one of the deb	otors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt  ☐ Other (including a right to offset)						
	was incurred	Opened 12/11/18 Last Active 7/25/19	Last 4 digits of account number 4415	<u>.</u>		
Se	rvices		Describe the property that secures the claim:	\$1,682.00	\$2,480.00	\$0.00
	ditor's Name en: Bankrup	tev	2004 Jeep Liberty 120,000 miles Location: 3954 Bradwood Dr., Dayton OH 45405			
	Box 19657	icy	As of the date you file, the claim is: Check all that	_		
	ine, CA 926	23	apply. □ Contingent			
Num	nber, Street, City, S	State & Zip Code	☐ Unliquidated			
			☐ Disputed			
Who owe	es the debt? C	Check one.	Nature of lien. Check all that apply.			
Debtor	1 only		☐ An agreement you made (such as mortgage or	secured		
☐ Debtor	•		car loan)			
	r 1 and Debtor 2	2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At leas	st one of the deb	otors and another	☐ Judgment lien from a lawsuit			
	if this claim re	elates to a	Other (including a right to offset)			
		Opened 11/15 Last Active				
Data dala	was incurred	9/03/19	Last 4 digits of account number 1330	0		

# Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 22 of 69

Debto	or 1 James Tate		Case	number (if known)		
	First Name Middle Na	ame Last Name				
Debto	or 2 Stephanie Caldwell					
	First Name Middle Na	ame Last Name				
0.0	Wells Farge Home Mer	Describe the property that accuracy the class	····	¢27.245.00	¢E4 EC0 00	¢0.00
	Wells Fargo Home Mor Creditor's Name	Describe the property that secures the cla		\$37,245.00	\$54,560.00	\$0.00
	Creditor's Name	1440 Newton Ave. Dayton, OH 45	406			
		Montgomery County	4			
		Debtors attempted to sell proper	-			
	Attn: Written	but were unable; currently debto	rs			
	Correspondence/Bankru	adult child is residing there as				
	ptcy	As of the date you file, the claim is: Check a				
	Mac#2302-04e Pob 10335	apply.	an mai			
	Des Moines, IA 50306	Contingent				
-	Number, Street, City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who	owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Da	ebtor 1 only	☐ An agreement you made (such as mortga	de or secured			
_	•	car loan)	ge or secured			
_	ebtor 2 only	,				
_	ebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic'	s lien)			
_	least one of the debtors and another	☐ Judgment lien from a lawsuit				
	neck if this claim relates to a ommunity debt	Other (including a right to offset)				
	Opened					
	07/08 Last					
	Active					
Date o	debt was incurred 10/04/19	Last 4 digits of account number	4431			
Δdd	I the dollar value of your entries in C	olumn A on this page. Write that number he	re·	\$215,858.00	1	
	-	the dollar value totals from all pages.		-		
	te that number here:			\$215,858.00		
Part '	2: List Others to Be Natified to	r a Debt That You Already Listed				
	<u> </u>					
trying than o	to collect from you for a debt you o	e notified about your bankruptcy for a debt we to someone else, list the creditor in Part t you listed in Part 1, list the additional credi ils page.	1, and then li	st the collection agency	here. Similarly, if you h	ave more
$\Box$						
	Name, Number, Street, City, State & 2	Zip Code	On which line	e in Part 1 did you enter the	creditor? 2.1	
	Ally Financial					
	P.o. Box 380901		Last 4 digits of	of account number		
	Bloomington, MN 55438					
_						
	Name, Number, Street, City, State & 2	Zip Code	On which line	in Part 1 did you enter the	e creditor? 2.4	
	Mariner Finance, LLC	Zip Code		•	e creditor? <b>2.4</b>	
	Mariner Finance, LLC 8211 Town Center Dr	Zip Code		e in Part 1 did you enter the	e creditor? 2.4	
	Mariner Finance, LLC	Zip Code		•	e creditor? 2.4	
	Mariner Finance, LLC 8211 Town Center Dr	Zip Code		•	e creditor? <b>2.4</b>	
	Mariner Finance, LLC 8211 Town Center Dr		Last 4 digits of	of account number		
	Mariner Finance, LLC 8211 Town Center Dr Nottingham, MD 21236 Name, Number, Street, City, State & 2 Wells Fargo Dealer Service	Zip Code	Last 4 digits of	•		
	Mariner Finance, LLC 8211 Town Center Dr Nottingham, MD 21236 Name, Number, Street, City, State & 2 Wells Fargo Dealer Service: Po Box 10709	Zip Code	Last 4 digits of	of account number		
	Mariner Finance, LLC 8211 Town Center Dr Nottingham, MD 21236 Name, Number, Street, City, State & 2 Wells Fargo Dealer Service	Zip Code	Last 4 digits of	of account number e in Part 1 did you enter the		
	Mariner Finance, LLC 8211 Town Center Dr Nottingham, MD 21236 Name, Number, Street, City, State & 2 Wells Fargo Dealer Service: Po Box 10709	Zip Code	Last 4 digits of	of account number e in Part 1 did you enter the		
	Mariner Finance, LLC 8211 Town Center Dr Nottingham, MD 21236 Name, Number, Street, City, State & 2 Wells Fargo Dealer Service Po Box 10709 Raleigh, NC 27605	Zip Code <b>S</b>	Con which line	of account number in Part 1 did you enter the	e creditor? <b>2.5</b>	
	Mariner Finance, LLC 8211 Town Center Dr Nottingham, MD 21236 Name, Number, Street, City, State & 2 Wells Fargo Dealer Service: Po Box 10709	Zip Code <b>S</b>	Con which line	of account number e in Part 1 did you enter the	e creditor? <b>2.5</b>	
	Mariner Finance, LLC 8211 Town Center Dr Nottingham, MD 21236 Name, Number, Street, City, State & 2 Wells Fargo Dealer Services Po Box 10709 Raleigh, NC 27605	Zip Code <b>S</b>	On which line  Last 4 digits of	of account number  in Part 1 did you enter the of account number	e creditor? <b>2.5</b>	
	Mariner Finance, LLC 8211 Town Center Dr Nottingham, MD 21236  Name, Number, Street, City, State & 2 Wells Fargo Dealer Service Po Box 10709 Raleigh, NC 27605  Name, Number, Street, City, State & 2 Wells Fargo Home Mor	Zip Code <b>S</b>	On which line  Last 4 digits of	of account number in Part 1 did you enter the	e creditor? <b>2.5</b>	

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 23 of 69

			D	ocument	Page 23	3 of 69		
Fill in t	this informa	tion to identify your	case:					
Debtor	1	James Tate						
Deptoi	Ī	James Tate First Name	Middle Nar	ne	Last Name			
Debtor	2	Stephanie Caldwo	ell					
(Spouse i		First Name	Middle Nar	ne	Last Name			
l laita al	Otataa Dawl		COLITIEDN	DISTRICT OF O	NIIO			
United	States Bank	ruptcy Court for the:	SOUTHERN	DISTRICT OF O	ліО			
Case n	umber							
(if known)	)							Check if this is an
								amended filing
~ ·								
	al Form				_			_
<u>Sche</u>	dule E/F	F: Creditors W	/ho Have	Unsecured	l Claims			12/15
any exect Schedule Schedule left. Atta name an	cutory contra- e G: Executors e D: Creditors ch the Contir d case numb	cts or unexpired leases ry Contracts and Unexp s Who Have Claims Sec nuation Page to this pag er (if known).	that could resul pired Leases (Off sured by Property ge. If you have no	t in a claim. Also icial Form 106G). /. If more space is o information to re	list executory of Do not include needed, copy	Part 2 for creditors with NON contracts on Schedule A/B: F any creditors with partially s the Part you need, fill it out, do not file that Part. On the to	Property (Off secured clain number the	ficial Form 106A/B) and on ms that are listed in entries in the boxes on the
Part 1:	List All	of Your PRIORITY Ur	secured Clain	ns				
1. Do	any creditors	have priority unsecure	ed claims against	you?				
	No. Go to Par	t 2.						
	Yes.							
Part 2:	List All	of Your NONPRIORIT	TY Unsecured (	Claims				
3. Do	any creditors	have nonpriority unsec	cured claims aga	inst you?				
	No. You have	nothing to report in this p	art. Submit this fo	rm to the court with	h your other sch	edules.		
<b>.</b>	Yes.							
4 Lie	t all of your n	annriarity unacqured al	laima in the alph	abatical arder of t	ha araditar wh	holds each claim. If a credit		than ana nannyiayity
uns	ecured claim, n one creditor	list the creditor separatel	y for each claim. I	or each claim liste	d, identify what	type of claim it is. Do not list cla three nonpriority unsecured cl	aims already	included in Part 1. If more
								Total claim
4.1	Affirm Inc	•		Last 4 digits of ac	count number	SYU7		\$73.00
		Creditor's Name		· <b>g</b>				4.0.00
		corporated				Opened 07/19 Last /	Active	
	Po Box 7	-	'	When was the deb	ot incurred?	8/29/19		<u> </u>
		cisco, CA 94104		No. of the data way	file the eleim	in. Chaple all that apple		
		et City State Zip Code ed the debt? Check one		AS of the date you	i file, the claim	is: Check all that apply		
	Debtor 1			_				
	_	·		Contingent				
	Debtor 2	only		☐ Unliquidated				
	Debtor 1	and Debtor 2 only		☐ Disputed				
	At least o	one of the debtors and and	Other	Type of NONPRIO	RITY unsecure	d claim:		
	☐ Check if	this claim is for a com	munity	☐ Student loans				
	debt	subject to offset?		Obligations arisi		aration agreement or divorce th	at you did no	pt
	■ No	canjour to officer				ng plans, and other similar debt	S	
	☐ Yes			Other. Specify	•	•		
	<b>□</b> 168		ı	Other. Specify	Jiisecureu			

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 24 of 69

	or 2 Stephanie Caldwell		Case number (if known)	
4.2	Capital One	Last 4 digits of account number	2828	\$528.00
	Nonpriority Creditor's Name	_	0	
	Attn: Bankruptcy Po Box 30285	When was the debt incurred?	Opened 02/15 Last Active 9/02/19	
	Salt Lake City, UT 84130  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.3	Capital One	Last 4 digits of account number	2559	\$370.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285	When was the debt incurred?	Opened 07/19 Last Active 9/21/19	
	Salt Lake City, UT 84130  Number Street City State Zip Code	As of the date you file, the claim	is: Chack all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	<b>э.</b> Спеск ан тат арргу	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other Specify Credit Card	<u> </u>	
4.4	Capital One	Last 4 digits of account number	7187	\$324.00
7.7	Nonpriority Creditor's Name			ψ324.00
	Attn: Bankruptcy Po Box 30285	When was the debt incurred?	Opened 10/17 Last Active 9/06/19	
	Salt Lake City, UT 84130  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	ne of the date yearing, the claim	o. Onook all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card	ı	

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 25 of 69

Debtor 2 Stephanie Caldwell Case number (if known)				
4.5	Comenity Bank/Overstock  Nonpriority Creditor's Name	Last 4 digits of account number	2122	\$529.00
	Attn: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 05/18 Last Active 6/22/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.6	Comenity Bank/Wayfair Nonpriority Creditor's Name	Last 4 digits of account number	2578	\$1,756.00
	Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 05/18 Last Active 6/22/19	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	,		
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.7	Comenitybank/Meijer Nonpriority Creditor's Name	Last 4 digits of account number	0515	\$435.00
	Attn: Bankruptcy Po Box 182273 Columbus, OH 43218	When was the debt incurred?	Opened 12/17 Last Active 9/06/19	
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Charge Acc	count	

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 26 of 69

	2 Stephanie Caldwell		Case number (if known)	
4.8	Comenitybank/Meijer	Last 4 digits of account number	8343	\$282.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182273 Columbus, OH 43218	When was the debt incurred?	Opened 04/18 Last Active 9/06/19	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.9	Credit One Bank	Last 4 digits of account number	3264	\$895.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873	When was the debt incurred?	Opened 07/17 Last Active 8/14/19	
	Las Vegas, NV 89193  Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	$\square$ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.1	Credit One Bank	Last 4 digits of account number	6463	\$350.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 06/19 Last Active 9/10/19	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	$\square$ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul>	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin		
	Yes	■ Other. Specify Credit Card	1	

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 27 of 69

Stephanie Caldwell		Case number (if known)	
First PREMIER Bank	Last 4 digits of account number	1323	\$533.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117	When was the debt incurred?	Opened 02/18 Last Active 8/30/18	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Credit Card	<u> </u>	
First Savings Bank/Blaze Nonpriority Creditor's Name	Last 4 digits of account number	1373	\$449.0
Attn: Bankruptcy Po Box 5096	When was the debt incurred?	Opened 09/18 Last Active 2/24/19	
Sioux Falls, SD 57117  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
□ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Kohls/Capital One	Last 4 digits of account number	1152	\$502.0
Nonpriority Creditor's Name Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201	When was the debt incurred?	Opened 07/14 Last Active 9/06/19	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	·	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Charge Acc	count	

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 28 of 69

2 Stephanie Caldwell		Case number (if known)	
Merrick Bank/CardWorks	Last 4 digits of account number	9359	\$827.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804	When was the debt incurred?	Opened 03/18 Last Active 8/31/18	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	□ Ozatio zast		
Debtor 2 only	☐ Contingent ☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other. Specify Credit Card	<u> </u>	
Midland Funding	Last 4 digits of account number	9463	\$9,061.00
Nonpriority Creditor's Name 2365 Northside Dr Ste 300	When was the debt incurred?	Opened 10/16	. ,
San Diego, CA 92108  Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	•	э энгэн энг эррү	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other. Specify Issue Trust	Company Account Onemain Fin : 2015-1	
OneMain Financial	Last 4 digits of account number	2029	\$6,801.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3251 Evansville, IN 47731	When was the debt incurred?	Opened 07/18 Last Active 8/13/19	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?  ■ No	report as priority claims  Debts to pension or profit-sharin	on plans, and other similar debts	
		יאס אינט אינט אינט אינט אינט אינט אינט אינט	
☐ Yes	Other. Specify Unsecured		

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 29 of 69

2 Stephanie Caldwell		Case number (if known)	
Sterling Jewelers/Kay Jewelers	Last 4 digits of account number	5126	\$5
Nonpriority Creditor's Name Attn: Bankruptcy 375 Ghent Rd Akron, OH 44333	When was the debt incurred?	Opened 12/17 Last Active 5/19/19	
Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing		
Yes	■ Other. Specify Charge Acc	count	
Synchrony Bank/ JC Penneys	Last 4 digits of account number	7384	\$2
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060	When was the debt incurred?	Opened 06/18 Last Active 9/06/19	
Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Charge Acc	count	
Total Visa/Bank of Missouri	Last 4 digits of account number	1847	\$3
Nonpriority Creditor's Name Po Box 85710 Sioux Falls, SD 57118	When was the debt incurred?	Opened 08/19 Last Active 10/08/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	1	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 30 of 69

Debtor 1 James Tate Debtor 2 Stephanie Caldwell		Case number (if known)
is trying to collect from you for a debt you owe to	someone else, list the original credit that you listed in Parts 1 or 2, list the	hat you already listed in Parts 1 or 2. For example, if a collection agency or in Parts 1 or 2, then list the collection agency here. Similarly, if you additional creditors here. If you do not have additional persons to be
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?
Affirm Inc	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
650 California St Fl 12	<del></del> ·	Part 2: Creditors with Nonpriority Unsecured Claims
San Francisco, CA 94108	Last 4 digits of account number	— Fait 2. Ordators with Norpholicy Orisectated Glaims
Name and Address	On which entry in Part 1 or Part 2 did	· ·
Capital One	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Po Box 30281		■ Part 2: Creditors with Nonpriority Unsecured Claims
Salt Lake City, UT 84130	Last 4 digits of account number	· •
Name and Address	On which entry in Part 1 or Part 2 did	Lyou list the original creditor?
Capital One	Line 4.3 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Po Box 30281	Line 4.0 or (Greek one).	•
Salt Lake City, UT 84130		Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did	l you list the original creditor?
Capital One	Line <b>4.4</b> of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Po Box 30281		■ Part 2: Creditors with Nonpriority Unsecured Claims
Salt Lake City, UT 84130		- Fart 2. Creditors with Nonphority Onsecured Claims
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did	I you list the original creditor?
Comenity Bank/Overstock	Line 4.5 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Po Box 182120		■ Part 2: Creditors with Nonpriority Unsecured Claims
Columbus, OH 43218		— Fart 2. Oreditors with Northholity Orisecured Olainis
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did	I you list the original creditor?
Comenity Bank/Wayfair	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Po Box 182789		Part 2: Creditors with Nonpriority Unsecured Claims
Columbus, OH 43218		— Fart 2. Creditors with Nonphority offsecured chairins
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?
Comenitybank/Meijer	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Po Box 182789		Part 2: Creditors with Nonpriority Unsecured Claims
Columbus, OH 43218		
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?
Comenitybank/Meijer	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Po Box 182789		■ Part 2: Creditors with Nonpriority Unsecured Claims
Columbus, OH 43218		,
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did	,
Credit One Bank	Line 4.9 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Po Box 98872		■ Part 2: Creditors with Nonpriority Unsecured Claims
Las Vegas, NV 89193		
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?
Credit One Bank	Line <b>4.10</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
Po Box 98872		■ Part 2: Creditors with Nonpriority Unsecured Claims
Las Vegas, NV 89193		
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did	I you list the original creditor?
First PREMIER Bank	Line <b>4.11</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
3820 N Louise Ave		Part 2: Creditors with Nonpriority Unsecured Claims
Sioux Falls, SD 57107		. a.t 2. Groundle mar Homphority Oriocoured Oldino
	Last 4 digits of account number	

# Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 31 of 69

Debtor 1 James Tate Debtor 2 Stephanie Caldwell		Case number (if known)	
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
First Savings Bank/Blaze	Line <b>4.12</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claims	
500 E. 60th Street	<del></del> -	Part 2: Creditors with Nonpriority Unsecured Claims	
Sioux Falls, SD 57104	Last 4 digits of account number		
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	, ·	
Kohls/Capital One Po Box 3115	Line 4.13 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
Milwaukee, WI 53201		Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Merrick Bank/CardWorks	Line 4.14 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
Po Box 9201 Old Bethpage, NY 11804		Part 2: Creditors with Nonpriority Unsecured Claims	
Old Bellipage, NT 11004	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Midland Funding	Line 4.15 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
320 East Big Beaver Troy, MI 48083		■ Part 2: Creditors with Nonpriority Unsecured Claims	
110y, Mii 40003	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
OneMain Financial	Line <u><b>4.16</b></u> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims	
Po Box 1010 Evansville, IN 47706		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Evalisville, IN 47700	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Sterling Jewelers/Kay Jewelers	Line 4.17 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
Po Box 4485		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Beaverton, OR 97076	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Synchrony Bank/ JC Penneys	Line 4.18 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
Po Box 965007		Part 2: Creditors with Nonpriority Unsecured Claims	
Orlando, FL 32896	Last 4 digits of account number		

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.		6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 24,899.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 24,899.00

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 32 of 69

Debtor 1 James Tate

Debtor 2 Stephanie Caldwell Case number (if known)

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 33 of 69

Fill in this infor	mation to identify your	case:	·	
Debtor 1	James Tate			
	First Name	Middle Name	Last Name	
Debtor 2	Stephanie Caldw	ell		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				☐ Check if this is an
,				amended filing

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

I	Person or	company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	Oity		Otato	Zii Oodc	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	Oit,		Sidio	2.1. 0000	
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 34 of 69

		Docume	iii raye 34 u	09	
Fill in this in	formation to identify your	case:			
Debtor 1	James Tate				
20010	First Name	Middle Name	Last Name		
Debtor 2	Stephanie Caldw	ell			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number					
(if known)				☐ Check if this is an	
				amended filing	
Official F	Form 106H				
		obtoro		40/4	_
<u>Scheau</u>	le H: Your Cod	eptors		12/1	5
Arizona, ( No. Go Yes. D  3. In Columnin line 2	California, Idaho, Louisiana, o to line 3.  Id your spouse, former spouse, for 1, list all of your codebt again as a codebtor only in 5D), Schedule E/F (Official	Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran	e with you at the time?  spouse as a codebtor tor or cosigner. Make	ry? (Community property states and territories include ington, and Wisconsin.)  r if your spouse is filing with you. List the person sho sure you have listed the creditor on Schedule D (Offi	icial
	Jumn 1: Your codebtor le, Number, Street, City, State and Z	P Code		Column 2: The creditor to whom you owe the de Check all schedules that apply:	bt
3.1 Nan	20			☐ Schedule D, line	
inan	ne			☐ Schedule E/F, line	
				☐ Schedule G, line	
Nun				<u> </u>	
City		State	ZIP Code		
3.2				Contrada D. Free	
Nan	ne			□ Schedule D, line □ Schedule E/F, line	
				☐ Schedule E/F, line	
_					
Nun		Otata	710.0		
City		State	ZIP Code		

Fill in this information	to identify your case:	
Debtor 1	James Tate	
Debtor 2 (Spouse, if filing)	Stephanie Caldwell	
United States Bankru	uptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number (If known)		Check if this is:  An amended filing  A supplement showing postpetition chapter
Official Forn	n 106I	13 income as of the following date:  MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment						
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
	If you have more than one job,	Employment status	■ Employed	■ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed			
	employers.	Occupation	Combo-Weights	Supervisor			
	Include part-time, seasonal, or self-employed work.	Employer's name	SunChemical	Caterpillar			
	Occupation may include student or homemaker, if it applies.	Employer's address	35 Waterview Blvd Parsippany, NJ 07054	5616 Hoke Rd. Clayton, OH 45315			
		How long employed the	nere? <u>27 yr</u>	8 yr			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,496.96 \$ 5,575.73

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 4,496.96 \$ 5,575.73

Official Form 106l Schedule I: Your Income page 1

Deb	tor 1 tor 2	James Tate Stephanie Caldwell	-	С	ase	number ( <i>if known</i> )				
	Cor	by line 4 here	4.		For \$	Debtor 1 4,496.96		Debtor 2 o -filing spou 5,575	use	
	OOL	by line 4 here	٠.		Ψ	4,430.30	Ψ	3,57	<i>5.1</i> 3	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	. :	\$	875.51	\$	1,212	2.08	
	5b.	Mandatory contributions for retirement plans	5b.	. :	\$_	0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$	273.74	\$	780	0.60	
	5d.	Required repayments of retirement fund loans	5d.		\$	148.72	\$	661	1.08	
	5e.	Insurance	5e.		\$	770.51	\$	(	0.00	
	5f.	Domestic support obligations	5f.		\$	0.00	\$		0.00	
	5g.	Union dues	5g.		\$	0.00	\$		0.00	
	5h.	Other deductions. Specify:	_ 5h	+	\$	0.00	+ \$		0.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	₿	2,068.48	\$	2,653	3.76	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	\$	2,428.48	\$	2,92	1.97	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b.		\$ 	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		Ψ <u> </u>	0.00	Ψ \$		0.00	
	8d.	Unemployment compensation	8d.	. ;	\$ 	0.00	\$		0.00	
	8e.	Social Security	8e.	. ;	\$	0.00	\$		0.00	
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income Other monthly income. Specify:	8f. 8g. 8h	. ;	\$ \$	0.00 0.00 0.00	\$ \$ + \$	(	0.00 0.00 0.00	
			_		_					٦
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$		0.00	
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$	\$		2,428.48 + \$	29	21.97 =	\$	5,350.45
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_		.,	_,-			
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	deper					Schedule J. 11. +\$	\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certainlies						12. \$		5,350.45
13.	Do	you expect an increase or decrease within the year after you file this form	?						mbin onthly	ed / income
		No. Yes Explain:								

Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	James Tate				Che	eck if this is:	
	tor 2	Stephanie Ca	aldwell					) wing postpetition chapter f the following date:
` '	ouse, if filing)							ine following date.
Unit	ed States Bankr	uptcy Court for the	: SOUTH	ERN DISTRICT OF OHIC	)		MM / DD / YYYY	
1	e numbe <b>r</b> nown)							
Of	fficial Fo	rm 106J						
		J: Your I						12/1
info	ormation. If m		eded, atta	If two married people a ch another sheet to this n.				
Par		ibe Your House	hold					
1.	Is this a joir							
	□ No. Go to		_					
		s Debtor 2 live i	in a separa	ate household?				
	■ N □ Y	-	st file Officia	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Del	btor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						_ □ Yes □ No
								☐ Yes
							_	□ No
								Yes
								□ No □ Yes
3.	expenses o	penses include f people other t	han $_{\square}$	No Yes			_	100
		d your depende						
Est exp	imate your ex		our bankru	iptcy filing date unless				napter 13 case to report of the form and fill in the
Incl	lude expense	s paid for with r	non-cash o	government assistance	if you know			
the		h assistance and		luded it on Schedule I:			Your exp	penses
4.		or home owners		ses for your residence. r lot.	Include first mortgag	je 4.	\$	1,250.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter'	s insurance		4a. 4b.	·	0.00
	4c. Home	maintenance, re	pair, and u	pkeep expenses		4c.	·	70.00
5.		owner's associat		dominium dues o <b>ur residence</b> , such as ho	nme equity loans	4d. 5.	·	0.00 620.00
٥.	. wantional i	gugo pujiik	y u		and equity loans	٥.	*	020.00

# Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 38 of 69

	tor 1	James T	ate			
Deb	tor 2	Stephan	ie Caldwell	Case num	ber (if known)	
_						
6.	Utiliti		heat estimates	0-	Φ.	
	6a.	-	, heat, natural gas	6a.	\$	225.00
	6b.	-	wer, garbage collection	6b.	*	36.00
	6c.	•	e, cell phone, Internet, satellite, and cable services	6c.	\$	125.00
_	6d.	Other. Spe	•	6d.	\$	0.00
7.			ekeeping supplies	7.	\$	400.00
8.	-		children's education costs	8.	\$	0.00
9.		•	Iry, and dry cleaning	9.	\$	100.00
		-	products and services	10.	\$	200.00
			ntal expenses	11.	\$	0.00
12.			Include gas, maintenance, bus or train fare.  Far payments.	12.	\$	200.00
13.			clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
			tributions and religious donations	14.	\$	0.00
15.	Insur	rance.	•			
	Do no	ot include in	nsurance deducted from your pay or included in lines 4 or 20.			
	15a.	Life insura	ance	15a.	\$	0.00
	15b.	Health ins	surance	15b.	\$	0.00
	15c.	Vehicle ins	surance	15c.	\$	46.00
	15d.	Other insu	urance. Specify:	15d.	\$	0.00
16.	Taxe	s. Do not in	nclude taxes deducted from your pay or included in lines 4 or 20.			
	Spec	ify:		16.	\$	0.00
17.			ease payments:		•	
			ents for Vehicle 1	17a.		520.00
			ents for Vehicle 2	17b.	·	674.00
			ecify: <b>Jeep</b>	17c.	*	220.00
		Other. Spe		17d.	\$	0.00
18.			of alimony, maintenance, and support that you did not repo		\$	0.00
10			your pay on line 5, Schedule I, Your Income (Official Form 10	)6I). 10.	\$	
19.			s you make to support others who do not live with you.	10	Φ	0.00
20.	Spec	,	erty expenses not included in lines 4 or 5 of this form or on	19. Schodulo I: V	our Incomo	
20.			s on other property	20a.		0.00
		Real estat		20b.	·	0.00
			homeowner's, or renter's insurance	20c.	·	0.00
			nce, repair, and upkeep expenses	20d.	·	0.00
			ner's association or condominium dues	20a. 20e.	·	0.00
21		r: Specify:	ici s association of condominam dues		Ψ +\$	
۷١.	Othe	a. Specily.				0.00
22.	Calc	ulate your i	monthly expenses			
	22a.	Add lines 4	through 21.		\$	4,836.00
	22b.	Copy line 2:	22 (monthly expenses for Debtor 2), if any, from Official Form 106	J-2	\$	
	22c. /	Add line 22	a and 22b. The result is your monthly expenses.		\$	4,836.00
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23.		-	monthly net income.	20	•	
			12 (your combined monthly income) from Schedule I.	23a.		5,350.45
	23b.	Copy your	r monthly expenses from line 22c above.	23b.	-\$	4,836.00
	23c	Subtract v	our monthly expenses from your monthly income.			
	200.		t is your monthly net income.	23c.	\$	514.45
٠.	_			***		
24.			an increase or decrease in your expenses within the year aft			on or degrade backing of a
			ou expect to finish paying for your car loan within the year or do you expec terms of your mortgage?	ı your mortgage	payment to increas	se of decrease decause of a
	■ No	0.				
	□Y€	es.	Explain here:			
			· · · · · · · · · · · · · · · · · · ·			

	, , , , , , , , , , , , , , , , , , , ,
No.	
☐ Yes.	Explain here:

Fill in this	s informa	tion to identify your	case:					
Debtor 1		James Tate						
		First Name	Middle Name	Las	t Name			
Debtor 2		Stephanie Caldwe						
(Spouse if, fili	ling)	First Name	Middle Name	Las	t Name			
United Sta	ates Bank	ruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO				
Case num	nber							
(if known)							☐ Check if this is an	
							amended filing	
Official	Form	106Dec						
			ا میداد ایداد ما است	Dalat	_	Calaadudaa		
Decia	aratic	on About a	ın Individual	Debt	or's	Schedules		12/15
f two mari	ried peop	ole are filing togethe	r, both are equally respon	nsible for s	iivlaau	ng correct information.		
							atement, concealing property ,000, or imprisonment for up t	
		J.S.C. §§ 152, 1341, 1		rupicy cas	e can i	esuit in fines up to \$250	,000, or imprisonment for up t	0 20
,		, ,	,					
	Sign B	Below						
Did y	you pay o	or agree to pay some	one who is NOT an attor	ney to help	you fil	II out bankruptcy forms?		
_	Na							
	No							
	Yes. Nar	me of person					ankruptcy Petition Preparer's No	
						Declarati	ion, and Signature (Official Form	ı 119)
			that I have read the sum	mary and s	chedul	les filed with this declara	ation and	
that tl	they are tr	rue and correct.						
X /s	s/ James	s Tate		Х	/s/ St	ephanie Caldwell		
	James Ta			^		hanie Caldwell		
S	Signature o	of Debtor 1				ture of Debtor 2		
_	Data 📭	tahar 24, 2040			Doto	Oatabar 04 0040		
D	Date Oc	tober 21, 2019			Date	October 21, 2019		

Fill in this info	matica to identify you				
Debtor 1	mation to identify you	Case			
Debior	James Tate First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	Stephanie Caldy	Widdle Name	Last Name		
	ankruptcy Court for the:	SOUTHERN DISTRICT C	DF OHIO		
	ankruptcy Court for the.	- COOTHERN DIOTRIOT C	01110		
Case number (if known)					Check if this is an
				_	amended filing
Official Fo	orm 107				
Statemen	t of Financial <i>i</i>	Affairs for Individ	luals Filing for B	ankruptcy	4/19
information. If I		ble. If two married people a attach a separate sheet to t stion.			
Part 1: Give	Details About Your Ma	rital Status and Where You	Lived Before		
1. What is you	ur current marital statu	s?			
■ Marrie	d				
☐ Not ma	arried				
2. During the	last 3 years, have you	lived anywhere other than	where you live now?		
□ No					
Yes. L	ist all of the places you li	ived in the last 3 years. Do no	ot include where you live now	<i>1</i> .	
Debtor 1 F	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
1440 New Dayton, (		From-To: <b>2000-2018</b>	Same as Debtor	1	■ Same as Debtor 1 From-To:
states and territo	<i>rie</i> s include Arizona, Ca	ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev nedule H: Your Codebtors (Of	vada, New Mexico, Puerto R		
Part 2 Expla	ain the Sources of You	r Income			
Fill in the to	tal amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-	time activities.	endar years?
□ No					
Yes. F	ill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	1 of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$48,310.00	■ Wages, commissions, bonuses, tips	\$34,118.00
		☐ Operating a business		☐ Operating a business	
Official Form 107		Statement of Financial Affa	airs for Individuals Filing for B	ankruptcy	page 1

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 41 of 69

	otor 1 otor 2		mes Tate ephanie Ca	aldwell					Case r	number (if known)		
					Debtor 1					Dahtar 2		
					Sources of Check all the		(befo	s income re deductions ar sions)	nd	Sources of inco Check all that ap		Gross income (before deductions and exclusions)
			dar year: December :	31, 2018 )	■ Wages, o	commissions, s		\$48,955.	.00	■ Wages, combonuses, tips	missions,	\$71,174.00
					☐ Operatin	g a business				☐ Operating a l	ousiness	
			dar year bet December :		■ Wages, o	commissions, s		\$0.	.00	■ Wages, components	missions,	\$0.00
					☐ Operatin	g a business				☐ Operating a l	business	
	List	No	source and the source	C	me from each	source separa	tely. Do	not include inco	me tha	t you listed in lin	e 4.	
	_		Fill in the de	tails.	Debtor 1 Sources of Describe be		each	s income from source		Debtor 2 Sources of inco Describe below.		Gross income (before deductions
								re deductions ar sions)	nd			and exclusions)
Par	t 3:	List	Certain Pa	yments You	Made Before	You Filed for	Bankrup	otcy				
6.	Are □	<b>eithe</b> r No.	Neither De	btor 1 nor D	ebtor 2 has p	arily consume orimarily consu nily, or househo	ımer del	bts. Consumer	debts a	are defined in 11	U.S.C. § 101	(8) as "incurred by an
			During the No.	90 days befo Go to line 7.	-	r bankruptcy, di	id you pa	y any creditor a	total o	f \$6,825* or mor	e?	
			☐ Yes	List below e	ach creditor t							ne total amount you
			* Subject t	not include	payments to a	an attorney for the	his bankı	ruptcy case.	_	ions, such as ch after the date of		nd alimony. Also, do
		Yes.				orimarily consur r bankruptcy, di			total o	f \$600 or more?		
			■ No.	Go to line 7.	<u>.</u>							
			□ Yes	include payı		nestic support o					' '	creditor. Do not nclude payments to an
	Cre	ditor'	s Name and	Address		Dates of payme	ent	Total amoun		Amount you still owe	Was this p	ayment for

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 42 of 69

Deb Deb		James Tate Stephanie Caldwell		Cas	e number (if I	known)	
	<i>Inside</i> of whi	n 1 year before you filed for bankruptours include your relatives; any general parch you are an officer, director, person in ness you operate as a sole proprietor. 11 by.	tners; relatives of any gene control, or owner of 20% or	eral partners; partner more of their voting	erships of whi g securities; a	ich you are a gener and any managing	al partner; corporations agent, including one for
		No Yes. List all payments to an insider.					
	Insid	er's Name and Address	Dates of payment	Total amount paid	Amount y		r this payment
	inside	n 1 year before you filed for bankruptoer? er? e payments on debts guaranteed or cosi		ments or transfer a	iny property	on account of a c	lebt that benefited an
	`	No					
		es. List all payments to an insider					
	Insid	er's Name and Address	Dates of payment	Total amount paid	Amount y still o		r this payment ditor's name
Part	4:	Identify Legal Actions, Repossession	s, and Foreclosures				
	List all modifi	n 1 year before you filed for bankrupto I such matters, including personal injury of cations, and contract disputes.  No Yes. Fill in the details.					
	Case Case	title number	Nature of the case	Court or agency		Status of t	he case
		n 1 year before you filed for bankrupto all that apply and fill in the details below		rty repossessed, fo	oreclosed, g	garnished, attache	d, seized, or levied?
	_	No. Go to line 11.  'es. Fill in the information below.					
	Cred	itor Name and Address	Describe the Property			Date	Value of the
			Explain what happened				property
	2365	and Funding i Northside Dr Ste 300 Diego, CA 92108	Factoring Company Alssue Trust 2015-1	Account Onemai	n Fin	10/18	\$549.00
			☐ Property was foreclose				
			Property was garnished	ed.			
			☐ Property was attached	I, seized or levied.			
	accou ■ N	n 90 days before you filed for bankrup ints or refuse to make a payment beca No 'es. Fill in the details.		uding a bank or fir	nancial instit	tution, set off any	amounts from your
	Cred	itor Name and Address	Describe the action the	creditor took		Date action was taken	Amount
	court- ■ N	n 1 year before you filed for bankrupto appointed receiver, a custodian, or ar No 'es		rty in the possessi	ion of an ass	signee for the ben	efit of creditors, a

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 43 of 69

	ebtor 1 James Tate ebtor 2 Stephanie Caldwell	Case number	(if known)	
Pa	rt 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankruptcy  ■ No □ Yes. Fill in the details for each gift.	, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	■ No	, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or contribution			
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Pa	Irt 6: List Certain Losses			
15.	or gambling?	or since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster
	☐ Yes. Fill in the details.			
	how the loss occurred Include	ribe any insurance coverage for the loss  de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pa	Int 7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or prepare	did you or anyone else acting on your behalf pay or ring a bankruptcy petition? ers, or credit counseling agencies for services required		rty to anyone you
	□ No			
	Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Oldham & Deitering 8801 N. Main St. Ste. 200 Dayton, OH 45415 jdeitering@aol.com	Attorney Fees		\$0.00
17.	promised to help you deal with your creditors  Do not include any payment or transfer that you li		or transfer any prope	rty to anyone who
	No  No  Veg Fill in the details			
	Yes. Fill in the details.	Description and value of account	Data way	A
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Global Client Solutions, LLC 4343 s. 118th E. Ave., Ste, 220 Tulsa, OK 74146	\$303 x 3 \$554.10 refunded	August, 2018	\$909.00

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 44 of 69

Debtor 1	James Tate
Ohtor 2	Stanbania Caldur

Debtor 2 Stephanie Caldwell

Case number (if known)

<ul> <li>Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other the transferred in the ordinary course of your business or financial affairs?</li> <li>Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your proinclude gifts and transfers that you have already listed on this statement.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>						
	Person Who Received Transfer Address	Description and vo		paymer	ne any property or nts received or debts exchange	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrupte beneficiary? (These are often called asset-protein No.		y property to a se	elf-settled	trust or similar device of	of which you are a
	Yes. Fill in the details.					
	Name of trust	Description and v	alue of the prope	rty transfo	erred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Inst	ruments, Safe Deposit	Boxes, and Stora	age Units		
20	Within 1 year before you filed for bankruptcy,	were any financial acc	counts or instrum	nants halo	Lin your name, or for yo	our henefit closed
20.	sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ	other financial accoun	nts; certificates of			
	■ No					
	Yes. Fill in the details.					
		Last 4 digits of account number	Type of account instrument	•	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed for	bankruptcy, any	safe depo	osit box or other deposi	tory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, St		escribe th	ne contents	Do you still have it?
22.	Have you stored property in a storage unit or	State and ZIP Code)	home within 1 ve	ear before	you filed for bankrupto	v?
	_	place enter than your		Jul 201010	you mou for burningpro	,
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, State and ZIP Code)		escribe th	ne contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control for	or Someone Else				
	Do you hold or control any property that som for someone.		ıde any property	you borro	wed from, are storing f	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, St Code)		escribe th	ne property	Value
Par	t 10: Give Details About Environmental Infor	,				
-or	the purpose of Part 10, the following definition	ns appiy:				

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 45 of 69

Debtor 1 James Tate

Debtor 2 Stephanie Caldwell

Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? П Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ☐ Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☐ Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code)

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 46 of 69

Debioi i	Jailles Tale		
Debtor 2	Stephanie Caldwe	ell	Case number (if known)
are true a	nd correct. I understa	nd that making a false statement,	concealing property, or obtaining money or property by fraud in connection
with a bar	nkruptcy case can res	ult in fines up to \$250,000, or imp	prisonment for up to 20 years, or both.
18 U.S.C.	§§ 152, 1341, 1519, an	id 3571.	
/s/ Jame	es Tate	/s/ Ste	ephanie Caldwell
James 1	Tate	Steph	nanie Caldwell
Signature	e of Debtor 1	Signat	ture of Debtor 2
Date O	ctober 21, 2019	Date	October 21, 2019
Did you a	ttach additional pages	s to Your Statement of Financial	Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No			
☐ Yes			
Did you p	ay or agree to pay sor	neone who is not an attorney to l	help you fill out bankruptcy forms?
■ No			
□ Yes Na	ame of Person	Attach the Bankruntcy Petition Pres	parer's Notice Declaration and Signature (Official Form 119)

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 47 of 69

#### **LBR Form 2016-1(b)**

### UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re:		Case No.
James Tate		
Stephanie Caldwell		Chapter 13
	Debtor(s)	Judge

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

#### I. **Disclosure**

1.	Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am that compensation paid to me within one year before the filing of the petition is services rendered or to be rendered on behalf of the debtor(s) in contemplation of follows:	n bankruj	otcy, or agreed to be paid to me, for
Fo	or legal services, I have agreed to accept	\$	3,500.00
Pı	rior to the filing of this statement I have received	\$	0.00
В	alance Due	\$	3,500.00
2.	\$310.00 of the filing fee has been paid.		
3.	The source of the compensation paid to me was:  ■ Debtor □ Other (specify):		
4.	The source of compensation to be paid to me is:		
	☐ Debtor ☐ Other (specify): <b>Debtor's legal insurance</b>		
5.	■ I have not agreed to share the above-disclosed compensation with any other perassociates of my law firm.	rsons unle	ess they are members and/or
	☐ I have agreed to share the above-disclosed compensation with another person of my law firm. A copy of the agreement, together with a list of the names of tattached.		

#### **Application** II.

- I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,700, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,700, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
  - Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's a. financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
  - Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, b. applicable court orders, and provisions of his or her chapter 13 plan;
  - Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form c. 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be
  - Preparation and filing of the chapter 13 plan and any preconfirmation amendments thereto that may be required; provided, d.

#### Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 48 of 69

legal services performed relative to Paragraphs 5.4.1,5.4.2 and 5.4.3 of the chapter 13 plan are not covered by the no-look fee and may be compensated through a separate application for fees; however, in such event, no additional compensation will be allowed for the preparation and filing of a motion pursuant to Rule 5009(d).

- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in addressing any routine tax return or tax refund inquiries by the trustee, exclusive of any motion, objection, or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

Octo	her	21.	201	9
	oc.	<b>~</b> 1,	<b>~</b> U i	•

Date

/s/ Joyce M. Deitering

Oldham & Deitering

Joyce M. Deitering 0005776

Name

8801 N. Main St. Ste. 200 Dayton, OH 45415 (937) 898-7673 Fax: (937) 898-8968 jdeitering@aol.com 0005776 OH

Fill in this information to identify your case:					
Debtor 1	James Tate				
Debtor 2 (Spouse, if filing)	Stephanie Caldwell				
United States B	sankruptcy Court for the: Southern District of Ohio				
Case number (if known)					

Calculate Your Average Monthly Income

Check as directed in lines 17 and 21:									
According to the calculations required by this Statement:									
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								
	Check if this is an amended filing								

### Official Form 122C-1

Part 1:

### **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 5,011.67 5,675.15 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1

0.00

0.00

0.00 Copy here -> \$

\$

-\$

\$

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Gross receipts (before all deductions)

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

0.00

0.00

## Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 50 of 69

Debtor :				Case numbe	r (if known)		
				Column A Debtor 1		Column B Debtor 2 o	
7. <b>I</b>	Interest, dividends, and royalties			\$	0.00	\$	0.00
	Unemployment compensation			\$	0.00	\$	0.00
[	Do not enter the amount if you contend that the Social Security Act. Instead, list it here:	ne amount received was a be	enefit under	·		*	
	For you	\$	0.00				
	For your spouse		0.00				
	<b>Pension or retirement income.</b> Do not include benefit under the Social Security Act.		was a	\$	0.00	\$	0.00
r c	Income from all other sources not listed al Do not include any benefits received under th received as a victim of a war crime, a crime a domestic terrorism. If necessary, list other sou total below.	e Social Security Act or payr gainst humanity, or internatio	ments onal or				
				\$	0.00	\$	0.00
				\$	0.00	\$	0.00
	Total amounts from separate pages,	if any.	+	\$	0.00	\$	0.00
	Calculate your total average monthly incoreach column. Then add the total for Column A		s	5,011.67	+ \$_	5,675.15	\$10,686.82
12. <b>(</b>	2: Determine How to Measure Your De Copy your total average monthly income fi Calculate the marital adjustment. Check on	om line 11.					\$10,686.82
_	You are not married. Fill in 0 below.	e.					
i	_	with you Fill in 0 holow					
	<ul><li>You are married and your spouse is filing</li><li>You are married and your spouse is not</li></ul>	•					
	You are married and your spouse is not Fill in the amount of the income listed in dependents, such as payment of the spo	line 11, Column B, that was					
	Below, specify the basis for excluding the adjustments on a separate page.	s income and the amount of	income dev	oted to each	n purpose	e. If necessary	, list additional
	If this adjustment does not apply, enter 0	below.	_				
			\$		_		
			— +e		_		
			<del> *</del>				
	Total		\$	0.0	<u>0</u> c	ppy here=>	- 0.00
14.	Your current monthly income. Subtract lin	ne 13 from line 12.					\$10,686.82
15.	Calculate your current monthly income for	or the year. Follow these ste	eps:				
	15a. Copy line 14 here=>						\$10,686.82
	Multiply line 15a by 12 (the number of						<b>x</b> 12
	15b. The result is your current monthly inco	ome for the year for this part	of the form.				\$ 128,241.84

**James Tate** 

## Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 51 of 69

Debtor Debtor			es Tate hanie Caldwell		Case number (if known)			
16. (	Calc	ulate	the median family income that applies to y	ou. Follow these st	eps:			
	16a.	Fill in	the state in which you live.	ОН				
	16b.	Fill in	the number of people in your household.	2				
	16c.	Fill in	the median family income for your state and s	size of household.	•	9	\$	62,308.00
			d a list of applicable median income amounts ctions for this form. This list may also be avail			·	Ψ	
		_	e lines compare?					
	17a.	Ц	Line 15b is less than or equal to line 16c. O 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N					etermined under
	17b.		Line 15b is more than line 16c. On the top of 1325(b)(3). <b>Go to Part 3 and fill out Calcu</b> your current monthly income from line 14 al	lation of Your Disp				
Part 3	3:	Cal	culate Your Commitment Period Under 11	J.S.C. § 1325(b)(4)				
18. (	Сор	y your	total average monthly income from line 1	1		\$		10,686.82
(	cont	end th	e marital adjustment if it applies. If you are at calculating the commitment period under 1 nome, copy the amount from line 13.	married, your spous	se is not filing with you, and you			
	•		marital adjustment does not apply, fill in 0 on	line 19a.		-\$		0.00
	19b.	Subtr	act line 19a from line 18.			\$		10,686.82
20. (	Calc	ulate	your current monthly income for the year.	Follow these steps	:			
:	20a.	Сору	line 19b			9	\$	10,686.82
		Multip	bly by 12 (the number of months in a year).				x	12
:	20b.	The re	esult is your current monthly income for the ye	ear for this part of th	e form		\$	128,241.84
2	20c.	Сору	the median family income for your state and	size of household fro	om line 16c	!	\$	62,308.00
;	21.	How	do the lines compare?					
		_	Line 20b is less than line 20c. Unless otherwis	se ordered by the co	ourt on the top of page 1 of this form ch	eck box	3 <i>Th</i>	e commitment
			period is 3 years. Go to Part 4.	o ordered by the ec	var, on the top of page 1 of the form, of	ook box	0, 11.	
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise orde	red by the court, on the top of page 1 of	this form	, che	ck box 4, The
Part 4	4:	Sig	n Below					
	By s	igning	here, under penalty of perjury I declare that the	ne information on th	is statement and in any attachments is t	rue and	corre	ct.
Χ	/s/	Jame	es Tate	х	/s/ Stephanie Caldwell			
	Ja	mes 1	Tate Tate		Stephanie Caldwell			
ı	_		of Debtor 1 ober 21, 2019		Signature of Debtor 2 Date October 21, 2019			
,	عماد		/ DD / YYYY		MM / DD / YYYY			
I	lf yo	u chec	ked 17a, do NOT fill out or file Form 122C-2.					
ı	lf yo	u chec	ked 17b, fill out Form 122C-2 and file it with t	his form. On line 39	of that form, copy your current monthly	income f	rom I	ine 14 above.

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 52 of 69

Fil	l in this i	nformation to i	dentify your ca	se:							
De	btor 1	James Ta	te								
De	btor 2	Stephanie	e Caldwell								
(S	oouse, if f										
Un	ited State	s Bankruptcy Co	ourt for the: So	outhern District o	of Ohio						
	se numbe known)	er						☐ Che	ck if this is	an amende	d filing
Offi	icial Forn	n 122C-2									
			culation o	of Your D	isposa	ble In	come				04/19
			ll need your co al Form 122C-1		f Chapter 13	Stateme	nt of Your Cu	rrent Monthi	ly Income a	and Calculati	on of
spa	ce is nee	eded, attach a s	ite as possible. eparate sheet t r name and cas	o this form, Inc	lude the line						
Pa	rt 1:	Calculate Your	Deductions fro	m Your Income	)						
1	the ques	tions in lines 6-	ervice (IRS) issues 15. To find the eavailable at the	IRS standards,	go online us						
	expenses	if they are highe	unts set out in lir er than the stand ct any amounts	ards. Do not inc	lude any oper	rating exp	enses that you	ı subtracted f	from income		
	If your ex	penses differ fro	m month to mon	th, enter the ave	erage expense	Э.					
	Note: Line	e numbers 1-4 a	re not used in th	is form. These n	umbers apply	to inform	ation required	by a similar	form used in	n chapter 7 ca	ises.
	5. <b>The</b>	number of peo	ple used in dete	ermining your o	deductions fr	om incon	ne				
	plus	the number of a	people who coul iny additional de e in your househ	pendents whom						2	
	National	Standards	You must u	se the IRS Natio	onal Standard	s to answ	er the question	ns in lines 6-7	7.		
			<b>I other items:</b> U dollar amount fo				in line 5 and tl	ne IRS Natio	nal	\$	1,288.00
	the o	dollar amount for ble who are 65 o	th care allowand rout-of-pocket her rolderbecause amount, you ma	ealth care. The realth care.	number of pec ave a higher IF	ople is spli RS allowa	it into two cate nce for health	goriespeop	le who are	under 65 and	

Official Form 122C-2

### Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 53 of 69

Debtor 1 **Stephanie Caldwell** Debtor 2 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 110.00 Copy here=> \$ 110.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> \$ 0.00 110.00 7g. **Total.** Add line 7c and line 7f 110.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 567.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 912.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment -NONE-Сору Repeat this amount 0.00 0.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Сору 912.00 912.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

**James Tate** 

## Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 54 of 69

Debtor 1 Debtor 2		s rate nanie Caldwell		Case number (if known)	
11.	Local tra	ansportation expenses: Check the number of vehic	cles for which you clain	n an ownership or operating	expense.
	□ 0. Go	to line 14.			
	□ 1. Go	to line 12.			
	□ 2 or n	nore. Go to line 12.			
12.		operation expense: Using the IRS Local Standards			
12	. `	g expenses, fill in the <i>Operating Costs</i> that apply for <b>ownership or lease expense</b> : Using the IRS Local	,	•	
10.	You may	not claim the expense if you do not make any loan in two vehicles.			
Vel	hicle 1	Describe Vehicle 1:			
13a.	Ownersh	ip or leasing costs using IRS Local Standard		\$ 0.00	
13b.	Average	monthly payment for all debts secured by Vehicle 1.			
	Do not in	clude costs for leased vehicles.			
	are contr	late the average monthly payment here and on line a actually due to each secured creditor in the 60 mont cy. Then divide by 60.		nat	
	Nar	ne of each creditor for Vehicle 1	Average monthly payment		
			\$	_	
		Total Average Monthly Payment	\$	Copy here => -\$0.	Repeat this amount on line 33b.
13c.	Net Vehi	cle 1 ownership or lease expense			Copy net
	Subtract	line 13b from line 13a. if this number is less than \$0	, enter \$0	\$0.00	Vehicle 1 expense here => \$ 0.00
Vel	hicle 2	Describe Vehicle 2:			
13d.	Ownersh	ip or leasing costs using IRS Local Standard			
13e.	Average leased v	monthly payment for all debts secured by Vehicle 2. ehicles.	Do not include costs f	or	
	Nar	ne of each creditor for Vehicle 2	Average monthly payment		
			\$	•	
				Сору	Repeat this
		Total average monthly payment	\$	here => -\$ 0.00	amount on line 33c.
13f.		cle 2 ownership or lease expense line 13e from line 13d. if this number is less than \$0	, enter \$0	s	Copy net Vehicle 2 expense here => \$ 0.00
14.		ransportation expense: If you claimed 0 vehicles Transportation expense allowance regardless of v			the \$0.00
15.	also ded	nal public transportation expense: If you claimed 1 uct a public transportation expense, you may fill in we more than the IRS Local Standard for <i>Public Trans</i>	hat you believe is the a		

**James Tate** 

## Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 55 of 69

Debtor 1	James Tate		
	Stephanie Caldwell	Case number (if known)	

		addition to the expense de following IRS categories		s listed above	e, you are allowed your monthly expenses	for	
16.	self-employment taxes, social s your pay for these taxes. Howe and subtract that number from	ecurity taxes, and Medica ver, if you expect to recei the total monthly amount	are taxes	s. You may ind refund, you m	nd local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes.	¢.	0.00
	Do not include real estate, sale					\$	0.00
17.	<b>Involuntary deductions:</b> The tocontributions, union dues, and		ctions th	at your job re	equires, such as retirement		
			, such a	s voluntary 40	01(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payment	s that you make for your e insurance on your depe	spouse's	term life insu	te insurance. If two married people are urance. g spouse's life insurance, or for any form	\$	0.00
19.	Court-ordered payments: The				by the order of a court or		
	administrative agency, such as	•			You will list these obligations in line 35.	\$	0.00
20	Education: The total monthly a	-				· —	
20.	as a condition for your job, of	, , ,	uucalion	triat is eitrici	required.		
			child if r	o nublic educ	cation is available for similar services.	\$	0.00
24					sitting, daycare, nursery, and preschool.	<u> </u>	
۷۱.	Do not include payments for an			-	sitting, daycare, nursery, and prescribor.	\$	0.00
22	. ,	•	•		amount that you pay for health care	· —	
22.	that is required for the health arby a health savings account. In	nd welfare of you or your clude only the amount the	depende at is mor	ents and that is than the tota	s not reimbursed by insurance or paid al entered in line 7.	\$	0.00
00	Payments for health insurance	•			you pay for telecommunication services	Ψ	
20.	for you and your dependents, s	uch as pagers, call waitin cessary for your health ar	g, caller	identification,	, special long distance, or business cell our dependents or for the production of		
	Do not include payments for ba expenses, such as those report				ervice. Do not include self-employment nount you previously deducted.	+\$	0.00
24.	expenses, such as those report  Add all of the expenses allow	ted on line 5 of Official Fo	rm 1220	-1, or any am		<b>+</b> \$ \$	2,877.00
	expenses, such as those report	ted on line 5 of Official Fo	rm 1220  se alloveductions	vances.  s allowed by the	nount you previously deducted.  he Means Test.		
Add	expenses, such as those report  Add all of the expenses allow Add lines 6 through 23.  litional Expense Deductions  Health insurance, disability in	red under the IRS exper  These are additional de Note: Do not include ar nsurance, and health sa	nse alloveductions by expensivings ac	vances. s allowed by the se allowances. count exper	nount you previously deducted.  he Means Test.	\$	
Add	expenses, such as those report  Add all of the expenses allow Add lines 6 through 23.  litional Expense Deductions  Health insurance, disability in insurance, disability insurance,	red under the IRS exper  These are additional de Note: Do not include ar nsurance, and health sa	nse alloveductions by expensivings ac	vances. s allowed by the se allowances. count exper	he Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses allow Add lines 6 through 23. litional Expense Deductions  Health insurance, disability in insurance, disability insurance, your dependents.	red under the IRS exper  These are additional de Note: Do not include ar nsurance, and health sa	nse alloweductions by expensions vings ac unts that	vances.  s allowed by the seallowances.  ccount experare reasonab	he Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses allow Add lines 6 through 23. litional Expense Deductions  Health insurance, disability in insurance, disability insurance, your dependents.  Health insurance	red under the IRS exper These are additional de Note: Do not include ar nsurance, and health sa and health savings accoun	nse alloweductions by expenvings acunts that	vances. s allowed by the se allowances count experare reasonab	he Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses allow Add lines 6 through 23. litional Expense Deductions  Health insurance, disability in insurance, disability insurance, your dependents.  Health insurance  Disability insurance	red under the IRS exper These are additional de Note: Do not include ar nsurance, and health sa and health savings accoun	rm 1220 se allove ductions by expenions are that  \$ \$	vances. s allowed by the seallowances. ccount experiment are reasonab  0.00  0.00	he Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses allow Add lines 6 through 23. Ilitional Expense Deductions  Health insurance, disability in insurance, disability insurance, your dependents.  Health insurance Disability insurance Health savings account  Total	red under the IRS exper  These are additional de  Note: Do not include ar  asurance, and health sa  and health savings account.	rm 1220  se allow eductions by expenion  vings au  unts that  \$ \$	vances. s allowed by the seallowances. ccount experiment are reasonable 0.00 0.00 0.00	he Means Test. s listed in lines 6-24.  nses. The monthly expenses for health oly necessary for yourself, your spouse, o	\$	2,877.00
Add	Add all of the expenses allow Add lines 6 through 23. Ilitional Expense Deductions  Health insurance, disability in insurance, disability insurance, your dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this total	red under the IRS exper These are additional de Note: Do not include ar and health sa and health savings according to the	rm 1220  se allow eductions by expenion  vings au  unts that  \$ \$	vances. s allowed by the seallowances. ccount experiment are reasonable 0.00 0.00 0.00	he Means Test. s listed in lines 6-24.  nses. The monthly expenses for health oly necessary for yourself, your spouse, o	\$	2,877.00
Add	Add all of the expenses allow Add lines 6 through 23.  Iitional Expense Deductions  Health insurance, disability in insurance, disability insurance, your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this total  No. How much do you actually spend this total	red under the IRS exper These are additional de Note: Do not include ar and health sa and health savings according to the	eductions ay expensivings auunts that	vances. s allowed by the seallowances. ccount experiment are reasonable 0.00 0.00 0.00	he Means Test. s listed in lines 6-24.  nses. The monthly expenses for health oly necessary for yourself, your spouse, o	\$	2,877.00
<b>Add</b> 25.	Add all of the expenses allow Add lines 6 through 23. Iitional Expense Deductions  Health insurance, disability in insurance, disability insurance, your dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this total No. How much do you a yes  Continued contributions to the continue to pay for the reasonal	red under the IRS exper  These are additional de Note: Do not include ar insurance, and health sa and health savings account amount?  actually spend?  The care of household or ble and necessary care a our immediate family who	se alloweductions by expensivings acunts that \$\$\$ \$\$\$  \$\$  \$\$  \$\$  family I and suppose is unable.	vances. s allowed by the seallowances are reasonable 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	he Means Test. s listed in lines 6-24.  nses. The monthly expenses for health oly necessary for yourself, your spouse, of the company of the	\$	2,877.00
25. 26.	Add all of the expenses allow Add lines 6 through 23. Ilitional Expense Deductions  Health insurance, disability in insurance, disability insurance, your dependents.  Health insurance Disability insurance Disability insurance Health savings account  Total  Do you actually spend this total  No. How much do you a Yes  Continued contributions to the continue to pay for the reasonal your household or member of yinclude contributions to an according the protection against family viole.	red under the IRS exper  These are additional de Note: Do not include ar and health sa and health savings account arount?  actually spend?  The care of household or ble and necessary care a our immediate family who ount of a qualified ABLE plence. The reasonably ne	see alloweductions by expensivings acunts that \$\$\$ \$\$ \$\$ \$\$ \$\$ family I and suppose is unaborogram.	vances. s allowed by the se allowances. count experience reasonable 0.00 0.00 0.00 0.00 0.00  nembers. The ort of an elder le to pay for se 26 U.S.C. § 5 monthly experience.	he Means Test. s listed in lines 6-24.  nses. The monthly expenses for health oly necessary for yourself, your spouse, of the actual monthly expenses that you will rely, chronically ill, or disabled member of such expenses. These expenses may 529A(b) enses that you incur to maintain the	\$	2,877.00
25. 26.	Add all of the expenses allow Add lines 6 through 23. Ilitional Expense Deductions  Health insurance, disability in insurance, disability insurance, your dependents.  Health insurance Disability insurance Disability insurance Health savings account  Total  Do you actually spend this total  No. How much do you a Yes  Continued contributions to the continue to pay for the reasonal your household or member of yinclude contributions to an according the protection against family viole.	red under the IRS exper  These are additional de Note: Do not include ar ansurance, and health sa and health savings according to the care of household or ble and necessary care a cour immediate family who bunt of a qualified ABLE pence. The reasonably neader the Family Violence	see alloweductions by expensivings acunts that \$\$\$ \$\$\$ family rand suppose unabarrogram.	vances. s allowed by the se allowances. count experience are reasonable 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	he Means Test. s listed in lines 6-24.  nses. The monthly expenses for health oly necessary for yourself, your spouse, of the actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may 529A(b)	\$	2,877.00

## Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 56 of 69

ebtor 1 ebtor 2	James Tate Stephanie Caldwell		Case number (if kno	own)			
	Additional home energy costs. Your hom line 8.	e energy costs are included in your ins	surance and operat	ing expens	es on		
	If you believe that you have home energy on the fill in the excess amount of home energy of the fill in the excess amount of the excess of the		gy costs included in	n expenses	on line		
	You must give your case trustee document amount claimed is reasonable and necessa		must show that the	e additional		\$	0.00
;	Education expenses for dependent child \$170.83* per child) that you pay for your de public elementary or secondary school.	ren who are younger than 18. The me pendent children who are younger that	nonthly expenses (r n 18 years old to at	not more that tend a priva	an ate or		
	You must give your case trustee document claimed is reasonable and necessary and r		must explain why	the amount			
	* Subject to adjustment on 4/01/22, and ev	ery 3 years after that for cases begun o	on or after the date	of adjustme	nt.	\$	0.00
	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Stand					
	To find a chart showing the maximum additinstructions for this form. This chart may also			eparate			
,	You must show that the additional amount	claimed is reasonable and necessary.				\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organizations.			cash or fina	ancial		
1	Do not include any amount more than 15%	of your gross monthly income.				\$	0.00
	Add all of the additional expense deduc	ions.				\$	0.00
	Add lines 25 through 31.						
Dedu	ctions for Debt Payment						
lc	or debts that are secured by an interest pans, and other secured debt, fill in lines						
	o calculate the total average monthly payin	ant add all amounts that are contractu	ally due to each vile:	cured			
	reditor in the 60 months after you file for ba	ent, add all amounts that are contractunkruptcy. Then divide by 60.	ally due to each se	cured		Average	monthly
	reditor in the 60 months after you file for ba Mortgages on your home		ally due to each se	cured		Average paymer	e monthly It
33a.	Mortgages on your home		·		=>		
33a.	Mortgages on your home	nkruptcy. Then divide by 60.	·		=>	paymer	nt
33a. 33b.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles	nkruptcy. Then divide by 60.				paymer	0.00
33b.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here	nkruptcy. Then divide by 60.			=>	\$	0.00
33b. 33c.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here	nkruptcy. Then divide by 60.				paymer	0.00
33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here	nkruptcy. Then divide by 60.	ebt		=> => nent	\$	0.00
33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	nkruptcy. Then divide by 60.	ebt	Does paym include tax or insuranc	=> => nent	\$	0.00
33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	nkruptcy. Then divide by 60.	ebt	Does payminclude tax or insurance	=> => nent	\$ \$ \$	0.00
33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	nkruptcy. Then divide by 60.	ebt	Does paym include tax or insuranc	=> => nent	\$	0.00
33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	nkruptcy. Then divide by 60.	ebt	Does payminclude tax or insurance	=> => nent	\$ \$ \$	0.00
33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	nkruptcy. Then divide by 60.	ebt	Does payminclude tax or insurance  No Yes	=> => nent	\$ \$ \$	0.00
33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	nkruptcy. Then divide by 60.	ebt	Does paym include tax or insurance   No Yes   No Yes	=> => nent	paymer	0.00
33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	nkruptcy. Then divide by 60.	ebt	Does payminclude tax or insurance  No Yes  No Yes  No No	=> => nent	paymer	0.00
33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	nkruptcy. Then divide by 60.	ebt	Does paym include tax or insurance   No Yes   No Yes	=> => nent	paymer	0.00
33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	nkruptcy. Then divide by 60.	ebt	Does payminclude tax or insurance  No Yes  No Yes  No No	=> => nent es e?	paymer	0.00
33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	Identify property that secures the de	ebt	Does payminclude tax or insurance  No Yes  No Yes  No No	=> => nent es e?	\$\$ \$\$ \$\$	0.00

## Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 57 of 69

ebior i _	James Tate Stephanie Caldwell			Case	e num	nber (if known)			
	any debts that you listed in lin				,				
<b>■</b> N	No. Go to line 35.		•						
□ Y	Yes. State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i	ssession of your proper	n addition to they (called the c	e payments ure amount).					
Name of	f the creditor	Identify property that s	ecures the deb	:	Tota	al cure amount		lonthly c	ure
-NONE	E-			\$			÷ 60 = \$	inount	
				Total	\$	0.00	Copy total here=>	. \$	0.00
are p	rou owe any priority claims - s past due as of the filing date o				at				
_	res. Fill in the total amount of a	II of these priority claims	. Do not includ	e current or					
	ongoing priority claims, su								
	Total amount of all past-o	due priority claims			\$ _	0.00	÷ 60	\$	0.00
36. <b>Proj</b> e	ected monthly Chapter 13 plar	n payment			\$_				
Offic the E To fin	ent multiplier for your district as se of the United States Courts (for Executive Office for United State and a list of district multipliers that inclurate trate instructions for this form. This lis	or districts in Alabama an s Trustees (for all other oudes your district, go online	d North Caroli districts). using the link sp	na) or by ecified in the	× _		1		
Aver	rage monthly administrative expe	ense			\$	S	Copy total		
	d all of the deductions for deb d lines 33e through 36.	t payment.						\$	0.00
Total De	eductions from Income								
38. <b>Add</b>	all of the allowed deductions.								
	by line 24, All of the expenses and the expenses and the expense allowances	llowed under IRS	\$	2,877.00	_				
Cor	by line 32, All of the additional ea			0.00	_				
Cop	by line 37, All of the deductions	for debt payment	+\$	0.00					
Tot	al deductions		\$	2.877.00		Copy total here=>		\$	2.877.00

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 58 of 69

EDIOL I	nes rate phanie Cal	dwell		Ca	se r	numb	per (if known)			
art 2: D	etermine You	ır Disposable Income Under 11 U.S.C. § 13	25(b)	(2)						
39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Per								\$		10,686.82
childre disabilit receive	<ul> <li>The monthly payments for discourage</li> <li>d in accordance</li> </ul>	Ily necessary income you receive for supportly average of any child support payments, fos or a dependent child, reported in Part I of Formice with applicable nonbankruptcy law to the ended for such child.	ter ca n 122	are payments, or 2C-1, that you		\$	0	.00		
41. Fill in all qualified retirement deductions. The monthly total of all amounts that you employer withheld from wages as contributions for qualified retirement plans, as speci in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, a specified in 11 U.S.C. § 362(b)(19).			olans, as specified	t	\$	0	.00	-		
2. Total of	f all deductio	ns allowed under 11 U.S.C. § 707(b)(2)(A).	Сору	line 38 here=	:>	\$	2,877	.00		
expense their ex	es and you ha penses. You r	ial circumstances. If special circumstances justed no reasonable alternative, describe the special give your case trustee a detailed explanation ocumentation for the expenses.	ecial	circumstances ar	nd					
Describe t	he special cir	rcumstances		Amount of exp	en	se				
			\$	\$						
			\$	\$						
				\$						
		Total	\$	0.00		Cop her	oy e=>\$		0.00	
14. Total a	djustments. /	Add lines 40 through 43.		=>	\$_		2,877.00	Co hei	py re=> <b>-</b> \$	2,877.00
5. Calcula	ate your mon	thly disposable income under § 1325(b)(2)	. Subi	tract line 44 from	line	e 39	).		\$	7,809.82
t 3: C	hange in Inco	ome or Expenses								-
have ch time yo you file	nanged or are ur case will be d your petition	or expenses. If the income in Form 122C-1 or virtually certain to change after the date you for expen, fill in the information below. For example, check 122C-1 in the first column, enter line in when the increase occurred, and fill in the a	filed y ple, if 2 in th	our bankruptcy p the wages report ne second column	etit ed n, e	ion inc	and during the reased after			
orm	Line	Reason for change		Date of change	Э		Increase or decrease?	A	mount of c	nange
122C-1 122C-2 122C-1 122C-2 122C-1 122C-2				-		-	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease	\$		
☐ 122C-1 ☐ 122C-2						-	☐ Increase ☐ Decrease	\$		

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 59 of 69

Debtor 1 Debtor 2	James Tate Stephanie Caldwell		Case number (if known)
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you declare that the info	ormation	n on this statement and in any attachments is true and correct.
X	/s/ James Tate	X	/s/ Stephanie Caldwell
	James Tate Signature of Debtor 1		Stephanie Caldwell Signature of Debtor 2
Date	October 21, 2019 MM / DD / YYYY	Date	October 21, 2019 MM / DD / YYYY

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 60 of 69

**James Tate** 

Debtor 1 Debtor 2 **Stephanie Caldwell** Case number (if known)

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period **04/01/2019** to **09/30/2019**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: SunChemical

Income by Month:

6 Months Ago:	04/2019	\$5,374.92
5 Months Ago:	05/2019	\$4,693.16
4 Months Ago:	06/2019	\$5,949.64
3 Months Ago:	07/2019	\$4,692.48
2 Months Ago:	08/2019	\$5,187.78
Last Month:	09/2019	\$4,172.02
	Average per month:	\$5.011.67

Case 3:19-bk-33262 Doc 1 Filed 10/21/19 Entered 10/21/19 09:29:26 Desc Main Document Page 61 of 69

**James Tate** 

Debtor 1 Debtor 2 Stephanie Caldwell Case number (if known)

#### **Current Monthly Income Details for the Debtor's Spouse**

#### **Spouse Income Details:**

Income for the Period 04/01/2019 to 09/30/2019.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Caterpillar

Income by Month:

6 Months Ago:	04/2019	\$5,749.49
5 Months Ago:	05/2019	\$5,426.43
4 Months Ago:	06/2019	\$5,559.95
3 Months Ago:	07/2019	\$5,968.98
2 Months Ago:	08/2019	\$5,772.34
Last Month:	09/2019	\$5,573.73
	Average per month:	\$5,675.15

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Affirm Inc Affirm Incorporated Po Box 720 San Francisco, CA 94104

Affirm Inc 650 California St Fl 12 San Francisco, CA 94108

Ally Financial Attn: Bankruptcy Dept Po Box 380901 Bloomington, MN 55438

Ally Financial P.o. Box 380901 Bloomington, MN 55438

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Po Box 30281 Salt Lake City, UT 84130

Comenity Bank/Overstock Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Overstock Po Box 182120 Columbus, OH 43218

Comenity Bank/Wayfair Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Comenity Bank/Wayfair Po Box 182789 Columbus, OH 43218

Comenitybank/Meijer Attn: Bankruptcy Po Box 182273 Columbus, OH 43218

Comenitybank/Meijer Po Box 182789 Columbus, OH 43218 Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Credit One Bank Po Box 98872 Las Vegas, NV 89193

First PREMIER Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

First PREMIER Bank 3820 N Louise Ave Sioux Falls, SD 57107

First Savings Bank/Blaze Attn: Bankruptcy Po Box 5096 Sioux Falls, SD 57117

First Savings Bank/Blaze 500 E. 60th Street Sioux Falls, SD 57104

Ih Credit Union 5000 Urbana Rd Springfield, OH 45502

Kohls/Capital One Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201

Kohls/Capital One Po Box 3115 Milwaukee, WI 53201

Land Home Fin Srv/dove 1 Corporate Dr Lake Zurich, IL 60047

Mariner Finance, LLC Attn: Bankruptcy 8211 Town Center Drive Nottingham, MD 21236

Mariner Finance, LLC 8211 Town Center Dr Nottingham, MD 21236 Merrick Bank/CardWorks Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804

Merrick Bank/CardWorks Po Box 9201 Old Bethpage, NY 11804

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108

Midland Funding 320 East Big Beaver Troy, MI 48083

OneMain Financial Attn: Bankruptcy Po Box 3251 Evansville, IN 47731

OneMain Financial Po Box 1010 Evansville, IN 47706

Sterling Jewelers/Kay Jewelers Attn: Bankruptcy 375 Ghent Rd Akron, OH 44333

Sterling Jewelers/Kay Jewelers Po Box 4485 Beaverton, OR 97076

Synchrony Bank/ JC Penneys Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/ JC Penneys Po Box 965007 Orlando, FL 32896

Total Visa/Bank of Missouri Po Box 85710 Sioux Falls, SD 57118

Wells Fargo Dealer Services Attn: Bankruptcy Po Box 19657 Irvine, CA 92623 Wells Fargo Dealer Services Po Box 10709 Raleigh, NC 27605

Wells Fargo Home Mor Attn: Written Correspondence/Bankruptcy Mac#2302-04e Pob 10335 Des Moines, IA 50306

Wells Fargo Home Mor Po Box 10335 Des Moines, IA 50306